WORK SCHEDULE AGREEMENT

Employ	ee Name) :							
Position	ı title/Seı	ries/Grad	le:						
			o work 8 oay perio		n each of	the 10 w	ork days	, Monday	thru
Week #1					Week #2				
Mon	Tues	Weds	Thurs	Fri	Mon	Tues	Weds	Thurs	Fri
8	8	8	8	8	8	8	8	8	8
		Fro	m:		То:				
Reques	ted by:								
Employee Signature:						Da	ate:		
Approv	red by:								
Supervisor Signature:					Date:				